

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the linesNational Association of Insurance and Financial Advisors Political Action Commit-
tee

ADDRESS (number and street)

2901 Telestar Court

Check if different
than previously
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00005249

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

09

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		537428.48
(b) Cash on Hand at Beginning of Reporting Period	348605.34	
(c) Total Receipts (from Line 19)	76259.10	635615.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	424864.44	1173043.76
7. Total Disbursements (from Line 31)	65422.06	813601.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	359442.38	359442.38
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	78217.62	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27495.46	183989.55
(i) Itemized (use Schedule A)		
(ii) Unitemized	48763.64	449125.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	76259.10	633115.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	76259.10	633115.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76259.10	635615.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76259.10	635615.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		922.06	173966.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		922.06	173966.38
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		64500.00	639250.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	385.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	385.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		65422.06	813601.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		65422.06	813601.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	76259.10	633115.28
34. Total Contribution Refunds (from Line 28(d))	0.00	385.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76259.10	632730.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	922.06	173966.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	922.06	173966.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code
Las Vegas NV 89130

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626644

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James M. Allen

Mailing Address 414 McCall Street

City State Zip Code
Waukesha WI 53186-6009

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628148

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Susan Jane Allen, LUTC

Mailing Address 331 S. Brookfield Road

City State Zip Code
Brookfield WI 53045

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629771

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

127.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Leonard Allison, ChFC, CLU

Mailing Address 401 Wampanoag Trail, #100

City State Zip Code
 Riverside RI 02915-1507

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: R1630060

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)
Ms. Carol A. Anderson, LUTCF, CFP

Mailing Address 717 N. 87th St.

City State Zip Code
 Omaha NE 68114

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629609

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code
 Jonesborough TN 37659

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629603

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code
Jonesborough TN 37659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 24 / 2006

Transaction ID: R1630479

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code
Washington DC 20001-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 22 / 2006

Transaction ID: R1630370

Amount of Each Receipt this Period

20.83

Check

Full Name (Last, First, Middle Initial)

C. Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code
Washington DC 20001-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 22 / 2006

Transaction ID: R1630374

Amount of Each Receipt this Period

20.83

Check

SUBTOTAL of Receipts This Page (optional)

291.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Russell S. Andrews, CLU, ChFC
Mailing Address 106 W Jefferson St #601

City State Zip Code
Syracuse NY 13202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629232

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Sil L. Arata, Jr., LUTC
Mailing Address P. O. Box 820365

City State Zip Code
Vancouver WA 98682-0007

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627968

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Thom E. Beasley
Mailing Address 1103 Dove Rd.

City State Zip Code
Jonesboro AR 72401-5270

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629069

Amount of Each Receipt this Period

81.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

173.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John C. Beckwith

Mailing Address 1908 Greenbriar Drive

City State Zip Code
 Portage MI 49024-5787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629374

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. David L. Belk, CLTC

Mailing Address 2 Bay Tree Court

City State Zip Code
 Greensboro NC 27455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1630182

Amount of Each Receipt this Period

275.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Kent A. Bennett, LUTCF, CEP

Mailing Address 280 Hollow Road

City State Zip Code
 Muncy PA 17756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629966

Amount of Each Receipt this Period

87.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

404.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael D. Bennetti, LUTC

Mailing Address 202 Pebble Valley Dr.

City State Zip Code
 Dover DE 19904-9462

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 6

Transaction ID: R1629988

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Robert A. Berg, CLU, LUTC

Mailing Address 1405 Blackberry Lane

City State Zip Code
 Stevens Point WI 54481-9140

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628697

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas C. Besselman

Mailing Address 6421 Perkins Rd # 2b

City State Zip Code
 Baton Rouge LA 70808-4125

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628521

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code
Reno NV 89503-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629189

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. J. Blayne Bird

Mailing Address 315 Willow Drive

City State Zip Code
Blackfoot ID 83221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627865

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Harlynn N. Bjerke, LUTCF

Mailing Address P. O. Box 144

City State Zip Code
Adams ND 58210-0144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628286

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

115.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Eleanor B. Blaylock

Mailing Address P.O. Box 296

City State Zip Code
 Oil City LA 71061-0296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628095

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John J. Bradley, CLU

Mailing Address 148 Grove Street

City State Zip Code
 Westwood MA 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629020

Amount of Each Receipt this Period

41.66

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Gary A. Bramon, CLU, ChFC

Mailing Address 269 San Felipe Way

City State Zip Code
 Novato CA 94945-1687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629562

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

141.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert A. Brandon

Mailing Address 9440 Old Cutler Lane
Journeys End

City State Zip Code
Coral Gables FL 33156-2243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: R1630027

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. John G. Brandt, LUTCF, FIC

Mailing Address 2103 Sunset Lane

City State Zip Code
La Crosse WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628780

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code
Maybee MI 48159-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629718

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

380.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Frank H. Briggs, Jr., CLU, C

Mailing Address 2610 Bohler Rd NW

City State Zip Code
Atlanta GA 30327-1418

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629701

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Jason E. Brooks, CLU, ChFC

Mailing Address 4680 Woodbine Circle

City State Zip Code
West Bloomfield MI 48323

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: R1630320

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. C. Robert Brown, Sr., CLU, L

Mailing Address 8675 WestCott

City State Zip Code
Germantown TN 38138-7738

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627861

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

362.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael O. Brown, LUTC

Mailing Address 6512 Nell 3

City State Zip Code
 Edmond OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629480

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. George B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City State Zip Code
 Casper WY 82609-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629530

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code
 Broken Arrow OK 74011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629202

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jaford D. Burgad, LUTCF

Mailing Address 3842 N. 10th St.

City State Zip Code
 Fargo ND 58102-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628285

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. William D. Burke, CLU, CFP(r)

Mailing Address 2216 Nelda Way

City State Zip Code
 Alamo CA 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628973

Amount of Each Receipt this Period

21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Donna J. Burrill, CLU, ChFC,

Mailing Address P.O.BOX 143

City State Zip Code
 FORT COLLINS CO 80522-0143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629737

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. Bussard
Mailing Address 3029 Flagstone Drive

City State Zip Code
Franklin TN 37069

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: R1630427

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mrs. Evelyn Butler, CLTC, LUTC
Mailing Address 10 Lincoln Ave.

City State Zip Code
Vernon NJ 07462

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628017

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joe D. Byars, CLU, LUTCF
Mailing Address 5916 Park Ave

City State Zip Code
Fort Smith AR 72903-1509

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628855

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

300.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David D. Cameron, LUTCF

Mailing Address 1142 FAIRVIEW AVE.

City State Zip Code
Rupert ID 83350

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629677

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Christopher D. Campbell, CLU, ChFC

Mailing Address 2511 Brandon Road

City State Zip Code
Upper Arlington OH 43221

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628534

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Cecilia H. Carlton, LUTCF

Mailing Address 257 Pineview Dr

City State Zip Code
Hazelhurst MS 39083-2105

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629065

Amount of Each Receipt this Period

27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Kelli J. Carmichael, CLU, LUTCF

Mailing Address 2914 S Coffman

City State Zip Code
 Casper WY 82604-4733

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629889

Amount of Each Receipt this Period

22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James M. Cavasar

Mailing Address 6 Chapel Hill Court

City State Zip Code
 Mansfield TX 76063-3318

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626769

Amount of Each Receipt this Period

36.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Queenie M. Chee, CLU, LUTCF

Mailing Address 833 Waika Place

City State Zip Code
 Honolulu HI 96825-1061

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628390

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

100.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Chris T. Christensen

Mailing Address 22501 Windermere Court

City State Zip Code
Farmington MI 48336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: R1630244

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Thomas R. Clark, CLU, ChFC

Mailing Address 1603 22nd St Ste 202

City State Zip Code
West Des Moines IA 50266-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629472

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City State Zip Code
San Dimas CA 91773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629271

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

602.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Scott D. Colby, CLU, ChFC

Mailing Address 7077 E. Central #8

City State Zip Code
 Wichita KS 67206-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: R1630024

Amount of Each Receipt this Period

480.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Norman A. Coltrane, LUTCF

Mailing Address 1607 Hatherleigh Drive

City State Zip Code
 Fayetteville NC 28304-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629582

Amount of Each Receipt this Period

30.25

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mrs. Melissa T. Copeland, LUTCF

Mailing Address 236 Hobbs Landing Road

City State Zip Code
 Elizabeth City NC 27909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626572

Amount of Each Receipt this Period

55.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

565.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David A. Culley, CLU, ChFC

Mailing Address 4187 Club Drive N.E.

City State Zip Code
 Atlanta GA 30319-1115

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629933

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Jack H. Curtis

Mailing Address 1508 Morning Glory Cr.

City State Zip Code
 Tupelo MS 38801

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629859

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City State Zip Code
 Lido Beach NY 11561-4828

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629605

Amount of Each Receipt this Period

85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Steven M. Daniel, CLU, ChFC,

Mailing Address 2600 Meadowbrook Dr

City State Zip Code
 Butte MT 59701-4028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629638

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Joseph L. Davis, CLU, ChFC,

Mailing Address 1420 Primrose Road N.W.

City State Zip Code
 Washington DC 20012-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629508

Amount of Each Receipt this Period

135.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. William James DeBruin, LUTCF

Mailing Address 106 Edgewood Ln

City State Zip Code
 Combined Locks WI 54113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629144

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

187.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John R. Dean, LUTCF, CLU,
Mailing Address 1700 S.W. 15th Ave.

City State Zip Code
Willmar MN 56201

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629905

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Paul R. Decker, CLU, ChFC
Mailing Address Box 1832

City State Zip Code
Idaho Falls ID 83403-1832

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629741

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David V. Dellinger
Mailing Address 3052 Stanton Circle

City State Zip Code
Carmichael CA 95608

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629881

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

134.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David S. Dickenson, II, CLU, Ch

Mailing Address 7535 Brigham Road

City State Zip Code
Gates Mills OH 44040

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629360

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Lyle Domenitz

Mailing Address 8720 Maggie Ave

City State Zip Code
Las Vegas NV 89143

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626849

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Anthony J. Domino, Jr.

Mailing Address 83 Long Lots Rd

City State Zip Code
New Canaan CT 06840

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: R1630189

Amount of Each Receipt this Period

125.00

Check

SUBTOTAL of Receipts This Page (optional)

217.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Rosa K. Dominy
Mailing Address 4015-J Washington Rd

City State Zip Code
Martinez GA 30907-5183

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628738

Amount of Each Receipt this Period

25.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Jill M. Douglass, LUTCF
Mailing Address 1824 Villa Vista Way

City State Zip Code
Las Vegas NV 89128-3053

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628568

Amount of Each Receipt this Period

27.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Daniel D. Duren, CLU,ChFC,L
Mailing Address 6537 S. 34th Street

City State Zip Code
Lincoln NE 68516-5428

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628387

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert Eddy, Jr., CLU, C

Mailing Address 203 Autumn Oak Bend

City State Zip Code
 Lafayette LA 70508-8004

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629100

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Matthew Edelstein, CLU, ChFC

Mailing Address 1550 Penstemon Ct

City State Zip Code
 Grayslake IL 60030-3515

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626726

Amount of Each Receipt this Period

8.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Matthew Edelstein, CLU, ChFC

Mailing Address 1550 Penstemon Ct

City State Zip Code
 Grayslake IL 60030-3515

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: R1630367

Amount of Each Receipt this Period

25.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

76.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Donald A. Eichelberger
Mailing Address 3217 Highway D65

City State Zip Code
Dysart IA 52224-9750

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629902

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. M. Jay Einstein, CLU
Mailing Address 59 Margarete Dr.

City State Zip Code
Pittsgrove NJ 08318

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629332

Amount of Each Receipt this Period

72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Anthony G. Engrassia, ChFC, LUTC
Mailing Address 2007 Singletree Lane

City State Zip Code
Rocky Mount NC 27804

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: R1630192

Amount of Each Receipt this Period

275.00

Check

SUBTOTAL of Receipts This Page (optional)

397.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ronald W. Erickson, CLU, AEP,
Mailing Address 3002 St. Regis Rd

City State Zip Code
Greensboro NC 27408-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629477

Amount of Each Receipt this Period

41.25

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Byron Hyatt Erstad, Jr.
Mailing Address 2510 S Nantucket Way

City State Zip Code
Boise ID 83706-5095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629468

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Stephen D. Estler, CLU, ChFC
Mailing Address 2177 NE 63 St.

City State Zip Code
Fort Lauderdale FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629491

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

134.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Everett, LUTCF

Mailing Address 531 Daniel

City State Zip Code
 Santa Maria CA 93454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628737

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Gerald E. Ferrier, LUTCF, CTP

Mailing Address 4949 Samish Way
 #5

City State Zip Code
 Bellingham WA 98226-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629772

Amount of Each Receipt this Period

12.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas F. Flournoy, Jr., CLU

Mailing Address 2651 Stanislaus Circle

City State Zip Code
 Macon GA 31204-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629320

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

96.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. H. Larry Fortenberry, CPA, CLU, Ch

Mailing Address 603 Gordon Pl

City State Zip Code
 Madison MS 39110-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629352

Amount of Each Receipt this Period

52.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Fowler, Jr.

Mailing Address 481 Route 82

City State Zip Code
 Oakdale CT 06370-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629370

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code
 Bellevue WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629142

Amount of Each Receipt this Period

107.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code
 New York NY 10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629599

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Robert L. French, LUTCF

Mailing Address 4105 Sheridan Lake Road

City State Zip Code
 Rapid City SD 57702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629002

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Peter Fulchiron, CLU, LUTCF

Mailing Address 411 San Andreas Drive

City State Zip Code
 Novato CA 94945-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629973

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James M. Fuller, LUTCF

Mailing Address 467 Richland Ave

City State Zip Code
Athens OH 45701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: R1630243

Amount of Each Receipt this Period

125.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Adger Lamar Gaines, LUTCF

Mailing Address 106 Smith Circle

City State Zip Code
Belton SC 29627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628455

Amount of Each Receipt this Period

10.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jason M. Garman

Mailing Address 1103 Bear Cub Ct.

City State Zip Code
Henderson NV 89012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626706

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

185.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James O. Geitgey, LUTCF, FIC

Mailing Address 279 Glenmore Dr.

City State Zip Code
 Springfield OH 45503

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629407

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Gregory Gianakis

Mailing Address 5315 S Conquistador St

City State Zip Code
 Las Vegas NV 89148

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.60

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626461

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Harold A. Gillet, LUTCF

Mailing Address 2402 Garland

City State Zip Code
 Missoula MT 59803-1437

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629079

Amount of Each Receipt this Period

18.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

73.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Keith M. Gillies, CLU, ChFC,
Mailing Address 109 W. Lakeview Dr.

City State Zip Code
La Place LA 70068

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628850

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Constance Y. Golleher
Mailing Address PO Box 255

City State Zip Code
Mc Lean VA 22101

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626756

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James R. Goodrich, CLU, ChFC
Mailing Address 1860 Beech

City State Zip Code
Mt. Pleasant MI 48858-1280

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628136

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

122.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Todd G. Grantham
Mailing Address 203 Brandermill Drive

City State Zip Code
Durham NC 27713

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628142

Amount of Each Receipt this Period

46.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Charles R. Grimes, CLU, ChFC
Mailing Address 438 E Campbell Ave

City State Zip Code
Gilbert AZ 85234

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: R1630267

Amount of Each Receipt this Period

300.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth P. Gross, II, CLU, Ch
Mailing Address 8201 Sharonway Ct.

City State Zip Code
Glen Allen VA 23060

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: R1630357

Amount of Each Receipt this Period

125.00

Check

SUBTOTAL of Receipts This Page (optional)

471.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Karl Erik Hansen, CLU, ChFC,

Mailing Address 900 North Shoreline Boulevard

City State Zip Code
 Mountain View CA 94043-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629866

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Roderick P. Hansen

Mailing Address 21612 Marigot Dr.

City State Zip Code
 Boca Raton FL 33428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 6

Transaction ID: R1629987

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Ms. Sharon L. Hansen

Mailing Address P. O. Box 2305
 1224 Cleveland Street

City State Zip Code
 Mt Vernon WA 98273-7305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629151

Amount of Each Receipt this Period

27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Alex Hanson, CLU, ChFC

Mailing Address 7888 Glen Finnan Cir

City State Zip Code
 Ft Myers FL 33912

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629835

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. William N. Haraway

Mailing Address 2250 Bear Den Rd
 Unit 409

City State Zip Code
 Frederick MD 21701

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629885

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Ann W. Hartmann, CLU, ChFC,

Mailing Address 7174 Twin Canyon

City State Zip Code
 Lambertville MI 48144

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: R1630443

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

334.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Hawco, CLU, ChFC

Mailing Address 900 Rockhurst Drive

City State Zip Code
Lincoln NE 68510-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1629611

Amount of Each Receipt this Period

62.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan David Haymes, LUTCF

Mailing Address 708 n. Fairway

City State Zip Code
Nixa MO 65714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1628685

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Samuel H. Hazleton, IV

Mailing Address 4220 Lakeshore Drive

City State Zip Code
Diamond Point NY 12824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1628151

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

129.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Terry K. Headley, LUTCF, LIC

Mailing Address 20704 Meadow Ridge Dr.

City State Zip Code
 Springfield NE 68059

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628064

Amount of Each Receipt this Period

208.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Sharon G. Heierman, CAE

Mailing Address 2990 Kemp Rd

City State Zip Code
 Havana FL 32333

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626678

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Dennis L. Helgeson, CLU, ChFC, L

Mailing Address 2601 Bel Air Drive

City State Zip Code
 Minot ND 58703-1749

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628312

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

275.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Marcus T. Henderson, Sr., LUTC

Mailing Address 109 Barrington Court East

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629560

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael B. Hendley

Mailing Address 3939 Roswell Road
Ste. 240

City State Zip Code
Marietta GA 30062

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628134

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Bruce C. Hendrickson, CLU, ChFC

Mailing Address 415 East Ave
P. O. Box 765

City State Zip Code
Holdrege NE 68949-0765

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 6

Transaction ID: R1630053

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Ronald G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code
 Boone NC 28607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629576

Amount of Each Receipt this Period

46.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code
 Seward NE 68434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629893

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Michael J. Hiller, ChFC

Mailing Address W267 S7930 Stony Pt. Ct.

City State Zip Code
 Mukwonago WI 53149-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628698

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

113.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert J. Hollander, LUTCF

Mailing Address 904 Rockhurst Dr.

City State Zip Code
Lincoln NE 68510-4114

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628588

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code
Las Vegas NV 89146

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.40

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628549

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Darrel V. Hovde

Mailing Address PO Box 1806

City State Zip Code
Minot ND 58702-1806

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627910

Amount of Each Receipt this Period

25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

190.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. April L. Howard
Mailing Address 3386 Williamsburg

City State Zip Code
Boise ID 83706-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629084

Amount of Each Receipt this Period

57.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Peter K. Howard, LUTCF,ChFC
Mailing Address 326 Rosemary Lane

City State Zip Code
Danville VA 24541-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628970

Amount of Each Receipt this Period

15.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William A. Hume, LUTCF
Mailing Address 1075 Woodfield Lane

City State Zip Code
Libertyville IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627937

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James V. Hunt, Sr.
Mailing Address 716 Enquirer Ave

City State Zip Code
Nashville TN 37205-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 6

Transaction ID: R1630576

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Albert T. Hurst, Jr., FICF, C
Mailing Address 1422 Spring Street

City State Zip Code
Little Rock AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628315

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Hollis O. Inglett, Jr., LUTCF
Mailing Address 31 Cone Rd

City State Zip Code
Ormond Beach FL 32174-7903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629844

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

317.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William V. Irons, CLU, LUTCF
Mailing Address 325 Newman Ave

City State Zip Code
Rumford RI 02916-1255

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629573

Amount of Each Receipt this Period

25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Greg W. Jacobs
Mailing Address 1350 Grand Summitt Drive #116

City State Zip Code
Reno NV 89523

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626717

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Earl H. Jarnigan, LUTCF, CLU
Mailing Address 631 Morrell Springs Rd.

City State Zip Code
Newport TN 37821-8855

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: R1630191

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

350.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jerry E. Jensen, LUTCF

Mailing Address 190 So. 800 W.

City State Zip Code
 Blackfoot ID 83221-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.20

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628324

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John C. Johns, LUTCF

Mailing Address 5141 Lilly Rd.

City State Zip Code
 Hazlehurst MS 39083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629067

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Terry M. Kaltenbach, CLU, ChFC

Mailing Address 1358 Ahlrich Ave

City State Zip Code
 Encintas CA 92024-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629171

Amount of Each Receipt this Period

125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

205.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John B. Kearns, LUTC

Mailing Address 1802 First Ave

City State Zip Code
 Scottsbluff NE 69361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627996

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael C. Keenan, CLU, ChFC

Mailing Address 2226 Hartzell Street

City State Zip Code
 Evanston IL 60201-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: R1630224

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City State Zip Code
 Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 6

Transaction ID: R1630371

Amount of Each Receipt this Period

52.25

Check

SUBTOTAL of Receipts This Page (optional)

594.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City State Zip Code
 Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 6

Transaction ID: R1630375

Amount of Each Receipt this Period

52.25

Check

B. Full Name (Last, First, Middle Initial)

Mr. Roy W. Kern, LUTCF,CLTC

Mailing Address 3775 West Randall Road

City State Zip Code
 Springfield MO 65810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629720

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Randy R. Kilgore, CLU, LUTCF

Mailing Address 4004 San Felice Pt.

City State Zip Code
 Colorado Springs CO 80906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: R1630046

Amount of Each Receipt this Period

200.00

Check

SUBTOTAL of Receipts This Page (optional)

312.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David G. Klemisch, LUTCF
Mailing Address 2801 26th Ave SW

City State Zip Code
 Fargo ND 58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628544

Amount of Each Receipt this Period

51.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Casey C. Knake, CLU, ChFC
Mailing Address 2902 Mach I Dr.

City State Zip Code
 Norfolk NE 68701-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628321

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth E. Knox, CLU, ChFC
Mailing Address Unit 9, 10 East St

City State Zip Code
 Providence RI 02906-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629420

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

143.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Lance B. Kolbet, RHU, LUTCF

Mailing Address 4632 Mountain Park Rd.

City State Zip Code
Pocatello ID 83202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629540

Amount of Each Receipt this Period

126.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. David M. Koll, LUTCF, CLT

Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628988

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Richard A. Koob, CLU, ChFC,

Mailing Address 301 Frederick Street

City State Zip Code
Waukesha WI 53186-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629212

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

281.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David T. Koppa, CLU, LUTCF
Mailing Address 1105 Via Bolzano

City State Zip Code
Santa Barbara CA 93111

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628965

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Laster, RHU
Mailing Address 1713 Elmhurst Ave

City State Zip Code
Nichols Hills OK 73120

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629841

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Daniel L. Lawrence
Mailing Address 5553 Peters Drive

City State Zip Code
West Bend WI 53095

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628320

Amount of Each Receipt this Period

51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

143.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Leslie W. Lee, CLU, ChFC

Mailing Address 7522 E Hampstead Ct.

City State Zip Code
 Middleton WI 53562

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629906

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Lanny D. Levin, CLU, ChFC

Mailing Address 313 Laurel

City State Zip Code
 Highland Park IL 60035-2619

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629595

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Sidney Levine, CLU, AEP

Mailing Address 626 Riverside Dr

City State Zip Code
 Ormond Beach FL 32176

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: R1630193

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

567.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Stephen F. Libby, CLU, ChFC, R

Mailing Address 2 Old Farm Circle

City State Zip Code
 White Plains NY 10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: R1630233

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Bruce C. Lichtenberg, LUTCF

Mailing Address 2265 Cypress Point

City State Zip Code
 Discovery Bay CA 94514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629867

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City State Zip Code
 Flint MI 48532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629931

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

397.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Patricia S. Lucas, CLU,CLTC,L

Mailing Address 8375 Starlight Lane

City State Zip Code
Boones Mill VA 24065-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1628743

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William J. Lynch, LUTCF

Mailing Address 5075 SW Griffith Dr. #200

City State Zip Code
Beaverton OR 97005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1629660

Amount of Each Receipt this Period

37.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert T. MacDonald

Mailing Address 1931 N 73rd St.

City State Zip Code
Wauwatosa WI 53213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1628923

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

106.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Glenford B. Malcolm, Sr.

Mailing Address P. O. Box 822315

City State Zip Code
 South Florida FL 33082

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629943

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Joseph J. Maltese, CFP

Mailing Address 4176 Arikakee Court

City State Zip Code
 Jacksonville FL 32223

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628485

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Leonard Martin, CSA

Mailing Address 98 Tennyson Rd

City State Zip Code
 Warwick RI 02888

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628915

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

134.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Roosevelt Maske, LUTCf
Mailing Address 5515 Fairvista Drive

City State Zip Code
Charlotte NC 28269-0633

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629005

Amount of Each Receipt this Period

33.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Darren Scott Mason, CLU, ChFC
Mailing Address 178 Shorecliff Rd

City State Zip Code
Corona Del Mar CA 92625-2648

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629410

Amount of Each Receipt this Period

41.66

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Carl James Maus, LUTCf
Mailing Address 432 Fort Saratoga

City State Zip Code
Saint Charles MO 63303-1766

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629900

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

125.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code
 West Monroe LA 71291

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628193

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Clyde P. McFadden, LUTCF

Mailing Address 3401 West End Ave.
Ste. 650 W

City State Zip Code
 Nashville TN 37203

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628085

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Patrick J. McNamara, MSFS

Mailing Address P O Box 1227

City State Zip Code
 Ann Arbor MI 48104-1227

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: R1630606

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

592.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Juli Y. McNeely, LUTC, CFP

Mailing Address S764 Hanson Road

City State Zip Code
 Spencer WI 54479

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628808

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John K. McQuade, CLU, ChFC,

Mailing Address 527 W Wilshire Drive

City State Zip Code
 Phoenix AZ 85003-1028

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: R1630086

Amount of Each Receipt this Period

600.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Michael J. Menendez

Mailing Address 404 Mendocino Ave Ste 200

City State Zip Code
 Santa Rosa CA 95401-6377

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 6

Transaction ID: R1630488

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Dennis R. Merideth, CLU, ChFC			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address 6210 N. Camino Pimeria Alta			Transaction ID: R1629137	
City State Zip Code Tucson AZ 85718			Amount of Each Receipt this Period 66.00	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 528.00		
B. Full Name (Last, First, Middle Initial) Mr. David A. Middaugh, CLU, AEP			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address 3273 Evergreen Road			Transaction ID: R1629898	
City State Zip Code Fargo ND 58102-1214			Amount of Each Receipt this Period 126.00	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 846.00		
C. Full Name (Last, First, Middle Initial) Ms. Carolyn S. Miller, LUTCF			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address 2469 W. Rosebush Rd			Transaction ID: R1628731	
City State Zip Code Weidman MI 48893-9791			Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.00		

SUBTOTAL of Receipts This Page (optional)

213.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Dennis L. Miller, LUTCF, CLU

Mailing Address 649 State Road
P.O. Box 186

City State Zip Code
Vassar MI 48768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628577

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code
Bellingham WA 98226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627655

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Martin Montefel, CLU

Mailing Address 16932 SW 5th Way

City State Zip Code
Weston FL 33326-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629535

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

152.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James W. Monteverde

Mailing Address WaterWorks Road

City State Zip Code
Sewickley PA 15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629961

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Morales, LUTCF, CLT

Mailing Address 1125 Wyoming Avenue

City State Zip Code
Reno NV 89503-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627550

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Raymond H. Moran, CLU, ChFC

Mailing Address 5463 Irvin Park Cove

City State Zip Code
Memphis TN 38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629724

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Joseph L Morton, III,JD

Mailing Address 5487 N. Bach

City State Zip Code
 Meridian ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626622

Amount of Each Receipt this Period

126.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael G. Murphy

Mailing Address 1014 S. 54th St.

City State Zip Code
 Omaha NE 68106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627640

Amount of Each Receipt this Period

28.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert M. Nelson, CLU, LUTCF

Mailing Address 14712 Shirley Street

City State Zip Code
 Omaha NE 68144-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629903

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

204.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code
 Chicago IL 60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627411

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Shirley A. Nielsen, LUTCF, CLU

Mailing Address 2817 Circle Drive

City State Zip Code
 Grand Island NE 68801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629895

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Frank R. Nolim, CLU, ChFC,

Mailing Address 2017 Grafton Ave

City State Zip Code
 Henderson NV 89014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629815

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brian E. O'Brien, CLU, ChFC, L

Mailing Address 1651 Wolf Run Dr.

City State Zip Code
 Richfield WI 53076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627191

Amount of Each Receipt this Period

51.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 7156

City State Zip Code
 Asheville NC 28802-7156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1144.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629735

Amount of Each Receipt this Period

143.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Rae Lee Olson

Mailing Address 218 N El Monte Ave

City State Zip Code
 Los Altos CA 94022-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629875

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

236.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mitchell W. Ostrove, CLU, ChFC

Mailing Address 4 New King Street

City State Zip Code
 White Plains NY 10604-1202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628992

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Gary M. Owens, LUTCF

Mailing Address PO Box 835

City State Zip Code
 Sultan WA 98294

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627608

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Roger L. Owens, LUTCF, RHU

Mailing Address 51 Lance Ct

City State Zip Code
 Elkton MD 21921-7219

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627551

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

126.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Aldous Kawaiiani Paalani

Mailing Address 2219 Kaululaau Street

City State Zip Code
Honolulu HI 96813-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629262

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. John Palladino, Jr., CLU, C

Mailing Address 14670 Quito Rd

City State Zip Code
Saratoga CA 95070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627750

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Joseph S. Pantozzi, CLU, ChFC

Mailing Address PO Box 95063

City State Zip Code
Las Vegas NV 89193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629500

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Barton C. Pasco, CLU, ChFC,
Mailing Address 309 Running Cedar Lane

City State Zip Code
Richmond VA 23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629566

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Debbie K. Paul, CLU, ChFC
Mailing Address 4001 MacArthur Blvd Suite 300

City State Zip Code
Newport Beach CA 92660-2510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629413

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Gary H. Pendleton, CLU, ChFC
Mailing Address 2601 Oberlin Rd

City State Zip Code
Raleigh NC 27608-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629132

Amount of Each Receipt this Period

45.83

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

138.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brian R. Phares, LIC
Mailing Address 1420 Hackberry Road

City State Zip Code
North Platte NE 69101-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629892

Amount of Each Receipt this Period

47.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. A. Duer Pierce, Jr.
Mailing Address 5818 Kennett Pike

City State Zip Code
Wilmington DE 19807-1116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627615

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. R. Jan Pinney, CLU, ChFC,
Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1628999

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

280.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Charles W. Potts, CLU, RHU,

Mailing Address 12725 St. Andrews Ter

City State Zip Code
 Oklahoma City OK 73120-8807

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629474

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Alan Press, CLU, LUTC

Mailing Address 10 Pine Terrace

City State Zip Code
 Demarest NJ 07627-1213

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: R1630269

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Mr. Henry L Prien, CLU, LUTCF

Mailing Address 1121 Westrac Dr. Ste. 206

City State Zip Code
 Fargo ND 58103-2385

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629788

Amount of Each Receipt this Period

51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

581.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Edward F. Randolph
Mailing Address 1515 Mill Bay Road

City State Zip Code
Kodiak AK 99615-6233

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627106

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William V. Regan, III, CLU
Mailing Address 790 Broomfield Road

City State Zip Code
San Mateo CA 94402

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: R1630211

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Robert W. Rensing, LUTCF
Mailing Address 2515 S. 105th Ave

City State Zip Code
Omaha NE 68124-1825

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627679

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Christopher Rich

Mailing Address 3 Spruce Tree Lane

City State Zip Code
Wayland MA 01778-1215

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: R1630220

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. August P. Richter, IV, LUTCF,

Mailing Address 401 Wild Oak Drive

City State Zip Code
Manitowoc WI 54220-9054

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627259

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Richard R. Rios, CLU, ChFC

Mailing Address 8720 El Chapul Way

City State Zip Code
Fair Oaks CA 95628-5454

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627075

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

350.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert M. Roach, CLU, ChFC

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
 New Albany OH 43054

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629217

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael Rosenzweig, CLU, ChFC,

Mailing Address 13 Augusta Lane

City State Zip Code
 Manhasset NY 11030-3909

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: R1629993

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Harry S. Rosnick, LUTC

Mailing Address 3435 Jefferson Davis Hwy
 P.O. Box 360

City State Zip Code
 Fredericksburg VA 22404

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627042

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. D. David Russell
Mailing Address 8461 Eagle Preserve Way

City State Zip Code
Sarasota FL 34241-9449

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627181

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Daniel L. Rust, LUTCF
Mailing Address 114 W. Arnold

City State Zip Code
Bozeman MT 59715-6129

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629037

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Aviva E. Sapers, CLU, ChFC
Mailing Address 115 Bellevue

City State Zip Code
Newton MA 02458

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: R1630515

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gregory B. Schaeffer

Mailing Address 3627 - 22nd St.

City State Zip Code
 Kenosha WI 53144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627339

Amount of Each Receipt this Period

27.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Walter M. Schieffer, Jr., LUTCF

Mailing Address 17501 John Wayne

City State Zip Code
 Perry OK 73077-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627576

Amount of Each Receipt this Period

25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Daniel J. Scholz, CLU, ChFC

Mailing Address 1510 So. 183 Circle

City State Zip Code
 Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629748

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

114.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jerome J. Schwartz

Mailing Address 4712 Fisher Island Drive

City State Zip Code
 Fisher Island FL 33109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: R1630549

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Mark B. Schwendeman

Mailing Address 427 4th St

City State Zip Code
 Marietta OH 45750-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629940

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Walter J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City State Zip Code
 OSHKOSH WI 54901-5354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629163

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

580.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Dale J. Seymour
Mailing Address 2401 Wealdstone Rd.

City State Zip Code
Toledo OH 43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629488

Amount of Each Receipt this Period

10.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Dale J. Seymour
Mailing Address 2401 Wealdstone Rd.

City State Zip Code
Toledo OH 43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: R1630240

Amount of Each Receipt this Period

350.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. James A. Shalek, Jr., CLU, Ch
Mailing Address 1706 Candleberry Lane

City State Zip Code
Yorkville IL 60560-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627187

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brian M. Sharkey, CLU, ChFC

Mailing Address 20 Sleepy Hollow Dr

City State Zip Code
 Newtown Square PA 19073-3934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: R1630038

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Troy J. Shreve, CLU

Mailing Address 7100 S 45th Street

City State Zip Code
 Lincoln NE 68516-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629349

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. James John Silbernagel, LUTCF

Mailing Address W 2329 Capital Drive

City State Zip Code
 Campbellsport WI 53010-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627765

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

602.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Joseph J. Simon, LUTCF

Mailing Address 2509 HILLSIDE DR.

City

GREENBAY

State

WI

Zip Code

54302-4828

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627736

Amount of Each Receipt this Period

27.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Ken Simons, CLU, ChFC,

Mailing Address 808 Thoroughbred Lane

City

Artesia

State

NM

Zip Code

88210-2232

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.80

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629259

Amount of Each Receipt this Period

50.10

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Lee Slavutin, CLU, CPC

Mailing Address 321 W. 78th Street

City

Nwe York

State

NY

Zip Code

10024-6513

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: R1630020

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

577.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William R. Small, CLU

Mailing Address P. O. Box 95

City State Zip Code
 Kennett Square PA 19348-0095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: R1630070

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. William R. Small, CLU

Mailing Address P. O. Box 95

City State Zip Code
 Kennett Square PA 19348-0095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 8 / 2 0 0 6

Transaction ID: R1630114

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Michael T. Smith, LUTCF

Mailing Address 2217 Stony Ridge Dr.

City State Zip Code
 Waukesha WI 53186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1630183

Amount of Each Receipt this Period

180.00

Check

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Russell A. Smith, CLU, ChFC,

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
 Canyon Lake CA 92587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629063

Amount of Each Receipt this Period

208.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code
 Flushing MI 48433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629081

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City State Zip Code
 Athens OH 45701-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629596

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jack Sobel, CLU, CPC

Mailing Address 27 Lancia Drive

City State Zip Code
 East Norwich NY 11732-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: R1630037

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Ms. Sharon L. Sparling, CIC

Mailing Address 1100 E. College Way

City State Zip Code
 Mount Vernon WA 98273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627813

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Preston R. Speece, LUTCF

Mailing Address 14620 Fowler Ave

City State Zip Code
 Omaha NE 68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627155

Amount of Each Receipt this Period

27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

319.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Noel Courtney Spencer

Mailing Address 3 Valerie Drive

City State Zip Code
 Chester NY 10918-1428

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627146

Amount of Each Receipt this Period

104.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Walter C. Sprye, Jr., CLU, C

Mailing Address 101 Stoney Brook Rd.

City State Zip Code
 Rocky Mount NC 27804

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.60

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629696

Amount of Each Receipt this Period

46.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Lawrence Stack, CLU, ChFC

Mailing Address 28411 Northwestern Hwy Ste 1300

City State Zip Code
 Southfield MI 48034-5543

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629107

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

200.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Angelo T. Stath
Mailing Address 7821 Massachusetts

City State Zip Code
Merrville IN 46410-5531

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629936

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John P. Steele, LUTCF
Mailing Address 122 West Main

City State Zip Code
Manhattan MT 59741

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627299

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Nicholas John Stosic
Mailing Address 9820 Dixon Lane

City State Zip Code
Reno NV 89511-9455

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629654

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

206.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David L. Stratton, CLU, ChFC,
Mailing Address 13115 Beach Cir.

City State Zip Code
Anchorage AK 99515-3748

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629523

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Steven M. Stratton, LUTCF, CSA
Mailing Address 17131 Parkview Dr

City State Zip Code
Morgan Hill CA 95037-6606

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627533

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Arlen C. Stuber, LUTCF
Mailing Address 3980 Lila Lane

City State Zip Code
Eau Claire WI 54701

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627355

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

237.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert A. Styrkowicz, CLU, LUTCF

Mailing Address 25 Monterey Drive

City

Vernon Hills

State

IL

Zip Code

60061-2332

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627685

Amount of Each Receipt this Period

49.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City

Gainesville

State

FL

Zip Code

32605-1912

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629585

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City

Signal Hill

State

CA

Zip Code

90755

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627416

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Arthur Ivan Swanson, LUTCF

Mailing Address 2270 E. 24TH PL

City

YUMA

State

AZ

Zip Code

85365-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629333

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Elwood B. Syverson, LUTCF

Mailing Address 509 Loomis Drive

City

Mauston

State

WI

Zip Code

53948-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629666

Amount of Each Receipt this Period

27.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Joseph A. Szapka

Mailing Address 3705 S. Judy Ave

City

Sioux Falls

State

SD

Zip Code

57103-7248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627376

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

102.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.
P.O. Box 2433City State Zip Code
Cody WY 82414-2433FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1629618

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City State Zip Code
Old Orchard Beach ME 04064-2709FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: R1629984

Amount of Each Receipt this Period

72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Paul Terkeltaub, CLU, ChFC

Mailing Address 4409 Moosewood Drive

City State Zip Code
Virginia Beach VA 23462-5720FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	6

Transaction ID: R1630465

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

422.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code
 Des Moines IA 50321

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627078

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Gregory T. Toscano, LUTC

Mailing Address 24 Snelling Ave

City State Zip Code
 Duluth MN 55812

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 6

Transaction ID: R1630286

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Robert W. Tull, CLU, ChFC

Mailing Address 7815 Eagle Rock, N.E.

City State Zip Code
 Albuquerque NM 87122

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627237

Amount of Each Receipt this Period

25.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

325.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs. Lynda D. Turner, LUTCF

Mailing Address 1070 South Bosque Loop

City State Zip Code
 Bosque Farms NM 87068-9063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629682

Amount of Each Receipt this Period

36.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ms. Charmaine Uhrig, LUTCF

Mailing Address RR 1 Box 273A

City State Zip Code
 Minatare NE 69356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627945

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City State Zip Code
 Mars PA 16046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629558

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

121.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Walter H. Van Buren, Jr., CLU

Mailing Address 1721 Paper Mill Road

City State Zip Code
Meadowbrook PA 19046-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: R1630018

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Walter H. Van Buren, Jr., CLU

Mailing Address 1721 Paper Mill Road

City State Zip Code
Meadowbrook PA 19046-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 6

Transaction ID: R1630252

Amount of Each Receipt this Period

125.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. James H. Van Epps

Mailing Address 510 Meadowland Court

City State Zip Code
Roswell GA 30075-2182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: R1630600

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael P. Victorino

Mailing Address 840 Alua St., #103

City State Zip Code
Wailuku HI 96793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629864

Amount of Each Receipt this Period

12.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Richard D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code
Omaha NE 68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629385

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Charles A. Webb

Mailing Address 2516 Longview Ave.

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1626963

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

97.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City State Zip Code
Salt Lake City UT 84105-2043

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y
08 10 2006

Transaction ID: R1629743

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Matthew C. Weider, CLU, ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code
Clifton VA 20124

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y
08 10 2006

Transaction ID: R1626843

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code
Valley Center CA 92082-6808

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.50

Date of Receipt

M M / D D / Y Y Y Y
08 10 2006

Transaction ID: R1627573

Amount of Each Receipt this Period

45.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

145.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Marlin D. Wells, CLU, ChFC,

Mailing Address 2201 N. Washington

City

Roswell

State

NM

Zip Code

88201-3377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627364

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Lester E. Westgard, CLU

Mailing Address 2714 26th Ave SW

City

Fargo

State

ND

Zip Code

58103-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627180

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. William T. Whitmore, Jr., LUTCF

Mailing Address P. O. Box 4748

City

Virginia Beach

State

VA

Zip Code

23454-0748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629124

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

132.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Irv Wiese, CLU, ChFC,

Mailing Address 318 Stamford Bridge Rd

City State Zip Code
Columbia SC 29212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627742

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Leroy L. Wilbers, Jr.

Mailing Address 309 Deerfield Pl

City State Zip Code
Jefferson City MO 65109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627722

Amount of Each Receipt this Period

126.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Boyd Lee Williams

Mailing Address 7023 W. Williamette Ave

City State Zip Code
Kennewick WA 99336-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627496

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

273.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Cliff F. Wilson, CLU, ChFC,

Mailing Address 1458 W. Bahia Court

City State Zip Code
 Gilbert AZ 85233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627051

Amount of Each Receipt this Period

126.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Randall C. Wimsatt, LUTCF

Mailing Address 2501 E 20th, #10

City State Zip Code
 Farmington NM 87401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629630

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Larry J. Winkelhake, CLU, ChFC

Mailing Address 18600 Longview Ct

City State Zip Code
 Brookfield WI 53045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629146

Amount of Each Receipt this Period

90.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

241.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael J. Wolfe, CLU, ChFC, M

Mailing Address 555 Saddle Mountain Road

City State Zip Code
 Colorado Springs CO 80919-2031

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: R1630043

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Benjamin Bunn Woodard, Jr.

Mailing Address 109 Bristol Court

City State Zip Code
 Rocky Mount NC 27803-1203

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.75

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627593

Amount of Each Receipt this Period

46.75

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. William G. Wunder, LUTCF

Mailing Address 21110 Serene Way

City State Zip Code
 San Jose CA 95120-1217

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: R1630257

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

546.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City State Zip Code
 Landenberg PA 19350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629959

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Richard E. Zacharoff, CLU, ChFC

Mailing Address 36 North New York Ave., 2nd Fl

City State Zip Code
 Huntington NY 11743-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: R1630586

Amount of Each Receipt this Period

500.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Charles D. Zaleski, CLU, ChFC

Mailing Address 28400 Ridgethorne Ct

City State Zip Code
 Rancho Palos Verde CA 90275-3258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629221

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

647.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Alan R. Zalewski, CLU, ChFC,

Mailing Address 6908 North 27th Street

City

Tacoma

State

WA

Zip Code

98407-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1627808

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Theodore J. Zouzounis, CLU

Mailing Address 820 Mariposa Rd

City

Lafayette

State

CA

Zip Code

94549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629123

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. H. Keith de Noble, LUTCF, CLU

Mailing Address 13200 W Markham Street, Suite 105

City

Little Rock

State

AR

Zip Code

72211-3285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: R1629648

Amount of Each Receipt this Period

27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

119.50

TOTAL This Period (last page this line number only)

27495.46

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Union Bank

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D8959

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2006

Amount of Each Disbursement this Period

922.06

SUBTOTAL of Disbursements This Page (optional)

922.06

TOTAL This Period (last page this line number only)

922.06

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ackerman for Congress

Mailing Address P O Box 650095

City State Zip Code
 Fresh Meadows NY 11365

Purpose of Disbursement
 Contr. Gary L. Ackerman (NY-5-D-US)

Candidate Name
 Gary L. Ackerman

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 05

Transaction ID: D8868

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

B. Bass Victory Committee

Mailing Address PO Box 3451

City State Zip Code
 Concord NH 03302

Purpose of Disbursement
 Contr. Charles F. Bass (NH-2-R-US House)

Candidate Name
 Charles F. Bass

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: D8878

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bob Corker for Senate, Inc.

Mailing Address PO Box 848

City State Zip Code
 Chattanooga TN 37401

Purpose of Disbursement
 Contr. Robert P. Corker, Jr. (TN-R-US)

Candidate Name
 Robert P. Corker, Jr.

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: D8882

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Senate-Primary debt retirement)

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bob Corker for Senate, Inc.

Mailing Address PO Box 848

City Chatanooga State TN Zip Code 37401

Purpose of Disbursement
Contr. Robert P. Corker, Jr. (TN-R-US)

Candidate Name
Robert P. Corker, Jr.

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: D8883

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Senate)

Full Name (Last, First, Middle Initial)

B. Boyd For Congress

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Contr. Allen Boyd (FL-2-D-US House)

Candidate Name
Allen Boyd

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: D8870

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Castle Campaign Fund

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contr. Michael N. Castle (DE-1-R-US)

Candidate Name
Michael N. Castle

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 01

Transaction ID: D8881

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

500.00

House)

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Forbes for Congress

Mailing Address PO Box 15100

City State Zip Code
Chesapeake VA 23328

Purpose of Disbursement
Contr. J. Randy Forbes (VA-4-R-US House)

Candidate Name
J. Randy Forbes

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 04

Transaction ID: D8855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City State Zip Code
Mineola NY 11501

Purpose of Disbursement
Contr. Carolyn McCarthy (NY-4-D-US)

Candidate Name
Carolyn McCarthy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: D8867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

C. Friends of Jim Inhofe

Mailing Address P. O. Box 13300

City State Zip Code
Oklahoma City OK 73113-1300

Purpose of Disbursement
Contr. James M. Inhofe (OK-R-US Senate)

Candidate Name
James M. Inhofe

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District:

Transaction ID: D8879

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Jim Saxton

Mailing Address PO Box 795

City Mount Holly State NJ Zip Code 08060

Purpose of Disbursement
Contr. James Saxton (NJ-3-R-US House)

Candidate Name
James Saxton

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: D8862

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Barrow

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement
Contr. John Barrow (GA-12-D-US House)

Candidate Name
John Barrow

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: D8856

Date of Disbursement

08 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Senator Rockefeller

Mailing Address PO Box 1909

City Charleston State WV Zip Code 25327

Purpose of Disbursement
Contr. John D. Rockefeller, IV (WV-D-US

Candidate Name
John D. Rockefeller, IV

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Transaction ID: D8852

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1500.00

Senate)

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeb Bradley for Congress

Mailing Address 645 South Main Street

City State Zip Code
Wolfeboro NH 03894

Purpose of Disbursement
Contr. Jeb Bradley (NH-1-R-US House)

Candidate Name
Jeb Bradley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: D8866

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeff Fortenberry for US Congress Committee

Mailing Address 6415 Rainier Drive

City State Zip Code
Lincoln NE 68510

Purpose of Disbursement
Contr. Jeffrey Fortenberry (NE-1-R-US)

Candidate Name
Jeffrey Fortenberry

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 01

Transaction ID: D8864

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

C. Jerry Weller for Congress Inc.

Mailing Address P.O. Box 15283

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contr. Gerald C. Weller (IL-11-R-US)

Candidate Name
Gerald C. Weller

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: D8851

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

House)

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kennedy for Senate 2006

Mailing Address 426 C Street Northeast - Rear Bldg

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contr. Edward M. Kennedy (MA-D-US)Candidate Name
Edward M. KennedyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: D8872

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	6

Amount of Each Disbursement this Period

3000.00

Senate)

B. Langevin for Congress

Mailing Address 181-A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contr. James R. Langevin (RI-2-D-US)Candidate Name
James R. LangevinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: D8884

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

House)

C. Maloney for Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Returned Check #11487 dated 3/9/2006 forCandidate Name
Carolyn B. MaloneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: D8873

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	6

Amount of Each Disbursement this Period

-2000.00

Carolyn B. Maloney (NY-14-D).

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maloney for Congress

Mailing Address 49 East 92nd Street

City State Zip Code
New York NY 10128

Purpose of Disbursement
Contr. Carolyn B. Maloney (NY-14-D-US)

Candidate Name
Carolyn B. Maloney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: D8874

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

B. Mary Landrieu for Senate Committee Inc

Mailing Address 650 Poydras Street, Suite 1434

City State Zip Code
New Orleans LA 70130

Purpose of Disbursement
Contr. Mary L. Landrieu (LA-D-US Senate)

Candidate Name
Mary L. Landrieu

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: D8854

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Murtha for Congress Committee

Mailing Address Suite 220 551 Main Street
Bt Financial Plaza Suite 220

City State Zip Code
Johnstown PA 15901

Purpose of Disbursement
Contr. John P. Murtha (PA-12-D-US House)

Candidate Name
John P. Murtha

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: D8880

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contr. National Republican Senat

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: District: Annual

Transaction ID: D8875

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

15000.00

(national party committee)

B. Pallone for Congress Committee

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contr. Frank Pallone, Jr. (NJ-6-D-US)

Candidate Name
Frank Pallone, Jr.

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: NJ District: 06

Transaction ID: D8863

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

House)

C. Pete King for Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contr. Peter T. King (NY-3-R-US House)

Candidate Name
Peter T. King

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: NY District: 03

Transaction ID: D8876

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

19500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rangel for Congress Committee

Mailing Address PO Box 5577 - Manhattanville Stati

City State Zip Code
 New York NY 10027

Purpose of Disbursement
 Contr. Charles B. Rangel (NY-15-D-US)

Candidate Name
 Charles B. Rangel

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: D8865

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

B. Sue Kelly For Congress

Mailing Address 17107 Prince Street/Suite 7

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement
 Contr. Sue W. Kelly (NY-19-R-US House)

Candidate Name
 Sue W. Kelly

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D8869

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. The Jim Ramstad Volunteer Committee

Mailing Address 1809 South Plymouth/Suite 310B

City State Zip Code
 Minnetonka MN 55305

Purpose of Disbursement
 Contr. Jim M. Ramstad (MN-3-R-US House)

Candidate Name
 Jim M. Ramstad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: D8877

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Bishop for Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Contr. Timothy Bishop (NY-1-D-US House)

Candidate Name
Timothy Bishop

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: D8857

Date of Disbursement

08 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walsh for Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement
Contr. James T. Walsh (NY-25-R-US House)

Candidate Name
James T. Walsh

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: D8871

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

64500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 NAIFA

 Nature of Debt (Purpose):
 Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

City	State	ZIP Code
Falls Church	VA	22042-1205

Outstanding Balance Beginning This Period

43783.79

Transaction ID: DD#7711

Amount Incurred This Period

34433.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

78217.62

1) **SUBTOTALS** This Period This Page (optional)..... ▶

78217.62

2) **TOTALS** This Period (last page this line number only)..... ▶

78217.62

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶